

APPENDIX G
State of Indiana Office of Medicaid Policy and Planning
Hoosier Healthwise Quality Strategy
Select Measures for Sample Dashboard Report for Hoosier Healthwise Program

Note: MCO rates that do not meet the performance measure target are indicated by bolded font and grey shading. "NR" indicates that a data item was not reported. "N/A" indicates that a data target has not been determined or is not appropriate. Unless otherwise noted, targets are Hoosier Healthwise contract requirements. NCI has footnoted missing or potentially inaccurate data. OMPP has not directed NCI to follow up on these items.

Item No.	Performance Measure	Data Source	Target	Reporting Period (2006)	MCO 1	MCO 2	MCO 3	MCO 4	MCO 5
1	Member Months: Average number of member months per quarter	QR-M2	N/A	Q01					
				Q02					
				Q03					
				Q04					
2	UB-92 Claims Paid: Percent of adjudicated UB-92 claims that were paid	QR-S1	N/A	Q01					
				Q02					
				Q03					
				Q04					
3	CMS 1500 Claims Paid: Percent of adjudicated CMS 1500 claims that were paid	QR-S1	N/A	Q01					
				Q02					
				Q03					
				Q04					
4	UB-92 Claims Denied: Percent of adjudicated UB-92 claims that were denied	QR-S1	≤ 15 percent	Q01					
				Q02					
				Q03					
				Q04					
5	CMS 1500 Claims Denied: Percent of adjudicated CMS 1500 claims that were denied	QR-S1	≤ 15 percent	Q01					
				Q02					
				Q03					
				Q04					
6	Claims Adjudicated: Percent of all clean claims adjudicated within aging targets	QR-S2	100 percent	Q01					
				Q02					
				Q03					
				Q04					
7	Medical Cost Ratio: Quarterly average year-to-date medical cost ratio	QR-IDOI	83 to 88 percent	Q01					
				Q02					
				Q03					
				Q04					
8	Administrative Cost Ratio: Quarterly average year-to-date administrative cost ratio	QR-IDOI	9 to 13 percent	Q01					
				Q02					
				Q03					
				Q04					
9	Current Ratio: Quarterly basis, assets to liabilities	QR-IDOI	≥ 1.0	Q01					
				Q02					
				Q03					
				Q04					
10	Days Cash On Hand: Quarterly basis, number of days cash on hand	QR-IDOI	≥ 25 calendar days	Q01					
				Q02					
				Q03					
				Q04					
11	Days In Unpaid Claims: Quarterly basis, number of business days in unpaid claims	QR-IDOI	≤ 60 calendar days	Q01					
				Q02					
				Q03					
				Q04					
12	Days in Claims Receivables: Quarterly basis, number of business days in claims receivables	QR-IDOI	≤ 30 business days	Q01					
				Q02					
				Q03					
				Q04					

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Item No.	Performance Measure	Data Source	Target	Reporting Period (2006)	MCO 1	MCO 2	MCO 3	MCO 4	MCO 5
13	Claims Payable per Member: Quarterly basis, total claims to enrollment	QR-IDOI	N/A	Q01					
				Q02					
				Q03					
				Q04					
14	Equity per Member: Quarterly basis, net worth per member	QR-IDOI	≥ \$50.00	Q01					
				Q02					
				Q03					
				Q04					
15	Member Call Answer Timeliness: Percent of all member calls that were answered within 30 seconds	QR-M1	≥ 95%	Q01					
				Q02					
				Q03					
				Q04					
16	Member Call Abandonment: Percent of all member calls that were abandoned	QR-M1	< 5%	Q01					
				Q02					
				Q03					
				Q04					
17	Member Grievances: Quarterly basis, per 1,000 member months	QR-M2	N/A	Q01					
				Q02					
				Q03					
				Q04					
18	Average Number of Days to Resolve Greivances: Quarterly average resolution time in days	QR-M2	N/A	Q01					
				Q02					
				Q03					
				Q04					
19	Member Appeals: Quarterly basis, per 1,000 member months	QR-M3	N/A	Q01					
				Q02					
				Q03					
				Q04					
20	Provider Call Answer Timeliness: Percent of all provider calls that were answered within 30 seconds	QR-P4	≥ 85%	Q01					
				Q02					
				Q03					
				Q04					
21	Informal Provider Disputes: Quarterly basis, per 1,000 member months	QR-P1	N/A	Q01					
				Q02					
				Q03					
				Q04					
22	Formal Provider Disputes: Quarterly basis, per 1,000 member months	QR-P2	N/A	Q01					
				Q02					
				Q03					
				Q04					